

HEALTH PERMIT APPLICATION FORM

OWNER INFORMATION				
Owner Name:				
Owner Address:				
City:		State:		Zip:
Home Phone:	()	Email Address:		
FACILITY/BUSINESS INFORMATION				
Establishment Name (DBA):				
Address:				
Business Phone:	()	Alternate Phone:		
Hours of operation:		Days of operation:		
Will business do Catering?	Yes		No	
Number of Employees:				
PROPERTY OWNER INFORMATION				
Owner Name:				
Owner Address:				
City:		State:		Zip:
Home Phone:	()	Email Address:		
BUSINESS TYPE: CHECK ONLY ONE				
<input type="checkbox"/> Food Facility		<input type="checkbox"/> Hotel/Motel		
<input type="checkbox"/> Retail		<input type="checkbox"/> Church		
<input type="checkbox"/> School		<input type="checkbox"/> Daycare		
BILLING INFORMATION				
Please check one mailing address for invoice to renew annual permit:				
<input type="checkbox"/> Business Mailing Address <input type="checkbox"/> Owner Address <input type="checkbox"/> Other				
If you checked other, what is the address? _____				

Approval of this application and issuance of a City of Pharr Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.				
_____ Signature of Applicant		_____ Print Name		_____ Date
PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.				
FOR OFFICE USE ONLY				
Date Received: _____	<input type="checkbox"/> CC	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	
Amount Received: \$ _____	Permit Issued: _____			
_____ Received by:				



Food Retail Establishments Minimum Requirements

1. Commercial Refrigeration Required
2. Surface of kitchen, prep area as far as walls, floors and ceiling are concerned; must be smooth, easily cleanable and non-absorbing of any liquids and also for counter tops.
3. Preparing area must be enclosed at least by screen and screen door
4. Doors must be self-closing in kitchen, preparing area, and bathroom(s).
5. Paper towels on holder and soap are required in bathrooms, kitchen, and preparing areas.
6. Water heater must be a minimum of 30 gal in order to insure 110 degree availability of hot water at all times. Need size to be specified.
7. Lighting in the kitchen must be sufficient lumens 110 on floor, 220 on dining and 540 on preparing table with protected lamps (bulbs).
8. Need hand wash sink in kitchen preparing areas.
9. Faucets for kitchen, preparing areas, bathrooms may not be brass.
10. Bathrooms must have a working exhaust fan or open window for ventilation.
11. Provide items and or type of cooking to be done at site.
12. All equipment must be ANSI, NSF, certified or equivalent.
13. Mop sink or mop well required.
14. All employees must a Pharr Health Food Handler Card before starting work.
15. One Certified Food Manager is required per shift.
16. Drains boards are required on both sides of a sink, or a proper drying rack.
17. Equipment should be placed at least 6 inches away from wall or other equipment.
18. Cutting boards approved: plastic or wood laminated available at restaurant supply stores. No white or yellow pine, lumber, plywood, nor mesquite allowed.
19. Need indirect waste-air gap at kitchen and food preparing area sinks.
20. Choking poster (Heimlich) required. Additional requirements could be possible, depending on location set up.

Please be advised that these are minimum requirements, additional items may be required. For more information, please contact Code Compliance and Health Field Services Division at (956) 402-4211.